

HAWAII STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORME ETHICS COMMISSION

(Type or Print Clearly) PART I LOBBYIST **TELEPHONE** NAME (Last) (First) (Middle) Radcliffe John Henry (808) 531-4551 MAILING ADDRESS (Street) FAX (808) 533-4601 222 South Vineyard Street, Suite 401 **EMAII** hawaiilobbyist@aol.com (Zip Code) (City) (State) Honolulu HI 96813-2453 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** Capitol Consultants of Hawaii, LLP (808) 531-4551 MAILING ADDRESS (Street) FAX (808) 533-4601 222 South Vineyard Street, Suite 401 **EMAIL** hawaiilobbyist@aol.com (City) (State) (Zip Code) 96813 Honolulu HI

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	✓ Intergovernmental Relations, International Affairs	☐ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	C Housing	Public Safety & Corrections			
PART IV CERTIFICATION OF LOBBYIST					
I hereby certify that the information furnished above 🍂 to the best of my knowledge, correct and complete.					
	Jatta Add	#1 - -	1/15/12		
	(Signature of Lobbyist)		(Date)		
· — — — —	(Signature - Lobbyist)		(Date)		
DARTY AUTHORIZAT	CON TO LORBY				
PART V AUTHORIZATION TO LOBBY NAME TITLE OF AUTHORIZING OFFICER OR PERSON REI					
Daniel Youmans	President–Washington/Hawaii, External Affairs				
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
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I hereby authorize the	e above - named person to ei	ngage in lobbying activities or	behalf of the undersigned.		
	1 Youman	- · · · · · · · · · · · · · · · · · · ·	1/10/13		
(Signature of A	Authorizing Officer or Person Repres	sented)	(Date)		

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